



**UNDERGROUND STORAGE TANK (UST)
CORRECTIVE ACTION PREAPPROVAL PROGRAM
REIMBURSEMENT REQUEST**

Arizona Revised Statutes (A.R.S.) §§ 49-1053 and 49-1054

OTHER (NOT SMALL) OWNERS ONLY

This form is applicable for use when the Preapproval Applicant does NOT meet the criteria for being a “SMALL OWNER” (a “small owner” is defined as an owner that owns fewer than 20 UST facilities in Arizona). If you own fewer than 20 UST facilities in Arizona, use the *Small Owner Reimbursement Request Form* located at: <https://azdeg.gov/forms?title=Underground%20Storage%20Tank>

NOTE: Reimbursement is dependent upon funding available at the end of the corrective action allocation year in accordance with A.R.S. § 49-1053(L) for Other Owners.

Under payment prioritization, reimbursement requests will be ranked against other requests that have been submitted. Reimbursement is dependent upon funding available at the end of the corrective action allocation year.

From A.R.S. § 49-1053:

L. If there are insufficient monies to pay for approved corrective actions in any annual corrective action allocation, the department or its designated contractor may preapprove reimbursement of corrective action costs for an owner that is not a small owner without encumbering monies. If monies are available in the corrective action allocation for that year at the end of the corrective action allocation year, reimbursement may be based on the date the corrective action is completed as determined by the department or its designated contractor.

M. If there are insufficient monies to pay for approved corrective action in any annual corrective action allocation, the department shall reimburse the corrective action from the next annual corrective action allocation, with the priority that reimbursements first go to small owners.

To request reimbursement, Applicants must submit the current Preapproval Reimbursement Request Form, including all certification statements and attachments. The attachments include:

Attachment A - Documentation for Authorized Individual

Attachment B - Supporting Documentation For Eligibility Verification (If Not Previously Submitted)

Attachment C - Documentation of Corrective Actions

Attachment C1 - Work Claimed Summary

Attachment C2 - Supporting Documentation for Work Claimed Summary

Attachment D - Cost Sheet

Attachment E - Implementation Schedule

Attachment F - Invoices And Receipts Requested For Reimbursement

Attachment G - Proof of Payment

SECTION 1 – GENERAL INFORMATION

UST Facility ID: 0-0 _____ Facility Name: _____

UST Facility Address: _____ City: _____

LUST Release(s): _____

Preapproved Application Number and Cost Sheet Number(s) associated with this reimbursement request:

(NOTE: If this reimbursement request includes more than one cost sheet, list all cost sheet numbers above. If there are multiple consultants, each consultant must submit a separate certification statement and identify the associated cost sheet number.)

UST Facility ID and address may be verified at http://legacy.azdeq.gov/databases/ustsearch_drupal.html

SECTION 2 – APPLICANT INFORMATION

2.1. Applicant – Full Legal Name: _____

Use the appropriate legal name on file with the Internal Revenue Service (IRS) or Arizona Corporate Commission (ACC) (<https://ecorp.azcc.gov/EntitySearch/Index>) for the business entity or individual. **Note: The Applicant Name provided will be verified with the preapproved application on file with ADEQ. Variations will cause a delay in processing and may result in a determination of reimbursement denial.**

Has the Authorized Individual changed since the Preapproval Application?

Yes (complete Sections 2.2 and 2.3, and Attachment A)

No (skip to Section 3)

2.2. Identify an Authorized Individual

The Authorized Individual listed below has the authority to bind the Applicant for not only processing of the Preapproval Program documentation; but also, the conditions and requirements (including compliance requirements) that are included within the certification statement.

The individual must be authorized by the eligible applicant, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the entity.

Provide documentation demonstrating the Authorized Individual has the authority to represent the Applicant as **Attachment A**.

Authorized Individual – Full Legal Name Authorized Individual’s Title/Role Relative to Applicant

2.3. Applicant/Authorized Individual Contact Information

Email: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

SECTION 3 – ENVIRONMENTAL PROFESSIONAL (CONSULTANT) INFORMATION

Has the consultant contact information changed since the Preapproval Application?

Yes (complete the information below)

No (skip to Section 4)

To ensure the proposed scope of work is conducted to satisfy all applicable regulatory requirements, corrective action work must be completed by an environmental consultant possessing current registration with the Arizona Board of Technical Registration (AZ BTR), designated below.

Consultant Company Name - Full Legal Name: _____

AZ Registered Professional (Individual) Full Legal Name: _____

AZ Board of Technical Registration License Number: _____ Expiration Date: _____

Project Lead Name: _____ Phone: _____ Email: _____

Note: The company name must match AZ BTR (<https://btr.az.gov>) and have active status with ACC (<https://ecorp.azcc.gov/EntitySearch/Index>).

SECTION 4 – PAYMENT PRIORITY EVALUATION

Provide the required information for determining the payment priority based on the criteria listed under A.R.S. § 49-1053(E) and (L).

ADEQ will evaluate priority based on information reported or known to ADEQ at the time of review. For more information on how the payment priority will be determined, see <https://azdeq.gov/ust-preapproval-program-faqs>.

4.1 Priority Factor for Other Owners [A.R.S. § 49-1053(E) and (L)] - *The date of completion of the work.*

Identify the corrective action work completion date for costs in this submittal: _____

Identify the documentation that supports this date:

SECTION 5 – ELIGIBILITY VERIFICATION AND REIMBURSEMENT REQUIREMENTS

5.1 Identify the eligibility path and provide the associated information:

Note: To the extent this submittal includes activities and costs that fall under a cost share obligation, ADEQ will withhold payment of up to \$50,000 to fulfill this requirement.

- Eligibility Category 1: UST insurance with a deductible less than \$50,000 [A.R.S. § 49-1006.02(A)]
Has insurance issued a determination on coverage?
 - Yes, was a copy of the coverage determination previously submitted?
 - Yes
 - No, provide a copy of the coverage determination as **Attachment B**
 - No, provide date of most recent contact _____
Was a copy of the most recent correspondence with insurance previously submitted?
 - Yes
 - No, provide a copy of the most recent correspondence with insurance in **Attachment B**

- Eligibility Category 2: UST insurance with a deductible of \$50,000 or greater [A.R.S. § 49-1006.02(B)]. This category requires a cost share obligation of \$50,000.

- Eligibility Category 3: Alternative financial responsibility mechanism [A.R.S. § 49-1006.02(B)] This category requires a cost share obligation of \$50,000.

- Eligibility Category 4: UST insurance for release(s) reported between July 1, 2006 and December 31, 2015 (without timely claim) [A.R.S. § 49-1006.02(C)]. This category requires a cost share obligation of \$50,000.

If you selected Eligibility Categories 2, 3, or 4, select one of the following:
 - Requested costs are to be evaluated as my \$50,000 cost share obligation
 - Part of the requested costs are to be evaluated as my \$50,000 cost share obligation
 - My \$50,000 cost share obligation has already been met

- Eligibility Category 5: Release(s) requiring corrective actions pre-dated FR requirements

5.2 Is this the first reimbursement request under the initial approved Preapproval Application?

- Yes No

5.2.1 Does this submittal include a request for reimbursement of application preparation costs under A.R.S. 49-1053(A)(4)? Yes No

NOTE: If these costs have already been reimbursed, no further reimbursement will be provided.

5.3 Is this the final request for reimbursement from the Preapproval Program for the associated preapproved application?

Yes* No

5.4 Is this the final request for reimbursement from the Preapproval Program for this facility?

Yes* No

**If this is the last Reimbursement Request to be submitted against the Preapproval Application, by signing the certification statement in Section 6 of this submittal, you authorize ADEQ to close the Preapproval Application and, after all payments approved for this Reimbursement Request have been determined, waive any current or future claim for corrective actions and associated costs preapproved under that Preapproval Application.*

SECTION 6 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT - APPLICANT

This certification statement, in its entire ADEQ prescribed form, must be signed by the Applicant or the Authorized Individual verified in Section 2. Complete all fields below:

AS THE APPLICANT, I HEREBY CERTIFY:

I have reviewed the information provided in this application and the attachments and to the best of my knowledge, information, and belief, and based on my inquiry of the person or people who are responsible for gathering and evaluating the information, all facts and statements set forth are true and correct. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.

- The total invoiced amount for corrective actions is \$_____.
- I am requesting reimbursement for corrective actions in the amount of \$_____. *Note: Cost sharing obligation under A.R.S. § 49-1006.02(B) or A.R.S. § 49-1006.02(C) cannot be included in the requested amount.*
- In addition, I am also requesting reimbursement from ADEQ for \$_____ in application preparation costs under A.R.S. § 49-1053(A)(4). *Note: This is only applicable for the first reimbursement of the initial approved Preapproval Application.*
- I understand that the timeframe for reimbursement is dependent upon funding availability at the end of the corrective action allocation year in accordance with A.R.S. § 49-1053(L).
- I understand that compliance deadlines associated with regulatory requirements are not affected by my participation in this program.
- I understand I must be able to demonstrate a current ability to conduct business in Arizona to be eligible for potential reimbursement from ADEQ.
- I have reviewed and paid the supporting invoices in full as shown in the Proof of Payment documentation **(Attachment G)**.
- All costs submitted in this request are for the actual performance of the preapproved corrective actions and represent the actual costs that were incurred by me for performance of the preapproved corrective actions.
- All work was conducted in accordance with regulatory requirements, industry standards, and applicable guidance.
- All corrective actions included in this submittal were conducted pursuant to the Preapproval Application approved by ADEQ.
- None of the costs included in this submittal have been previously paid by or submitted to ADEQ for reimbursement.
- Neither the consultant, representative, agent, nor I have been reimbursed by insurance or another financial assurance mechanism for the corrective actions that are the subject of this request.
- I agree to report to ADEQ any payment or reimbursement from insurance or other financial assurance mechanism to me, the consultant, representative or agent for corrective action costs included in this request.
- I agree to remit to ADEQ within thirty (30) days any amounts that were previously paid to me, the consultant, representative or agent from the underground storage tank revolving fund and that have also been recovered from insurance or any alternative financial assurance mechanisms.

(CONTINUED ON NEXT PAGE)

SECTION 6 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT - APPLICANT

(CONTINUED FROM PRIOR PAGE)

- I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.
- I understand that if this is the last reimbursement request to be submitted against the Preapproval Application, I authorize ADEQ to close the Preapproval Application and, after all payments approved for this reimbursement request have been determined, waive any current or future claim for corrective actions and associated costs preapproved under that Preapproval Application.

<p>_____ Applicant Name</p> <p>_____ Name of Authorized Individual</p> <p>_____ Signature of Authorized Individual</p> <p>_____ Date</p>	<p>Sworn to and subscribed this: ___ day of _____, 20__</p> <p>Notary Public Signature _____</p> <p>My commission expires: _____</p> <p>County of _____, State of _____</p>
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SECTION 7 - REIMBURSEMENT REQUEST CERTIFICATION STATEMENT - ENVIRONMENTAL PROFESSIONAL (CONSULTANT)

This certification statement, in its entire ADEQ prescribed form, must be signed by the consultant. All signatures must be original and notarized.

Consultant Company Name - Full Legal Name: _____

AZ Registered Professional (Individual) Full Legal Name: _____

AZ Board of Technical Registration License Number: _____ Expiration Date: _____

Associated Preapproved Application and Cost Sheet Number(s): _____

I HEREBY CERTIFY:

I have reviewed the information provided in this application and the attachments and to the best of my knowledge, information, and belief, and based on my inquiry of the person or people who are responsible for gathering and evaluating the information, all facts and statements set forth are true and correct. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fines and imprisonment.

- As the Arizona registered professional identified above, I managed, supervised, and/or performed the corrective action work that is the subject of this reimbursement request.
- To the best of my knowledge and belief, all invoices submitted by me or my company and/or other subcontractors contracted with my company result directly from the actual performance of the eligible corrective actions that are the subject of this submittal and represent the actual costs incurred for performance of such actions.
- I confirm the total invoiced amount of \$ _____ represents the actual costs for the work conducted by me (my company and contracted subcontractors).
- All of the costs requested for reimbursement were paid by _____ (Applicant Name).
- No payment was received by me from the Applicant's insurance or another financial assurance mechanism.
- As the Arizona registered environmental professional, I certify that I used professional judgement in implementing the preapproved scope of work.
- All work was conducted in accordance with regulatory requirements, industry standards, and applicable guidance.
- The reimbursement request and applicable attachments were prepared under my direction or supervision by qualified personnel responsible for properly gathering and evaluating the information submitted.
- I understand ADEQ reserves the right to request an audit of financial information and statements provided as necessary.

Environmental Consultant Company

Name of AZ Registered Professional

Signature of AZ Registered Professional

Date

Sworn to and subscribed this: ____ day of _____, 20__
Notary Public Signature _____
My commission expires: _____
County of _____, State of _____

ATTACHMENT A (SECTION 2) DOCUMENTATION FOR AUTHORIZED INDIVIDUAL

If the Authorized Individual has changed since the Preapproved Application, provide the supporting documentation required in Attachment A below.

The individual must be authorized by the Applicant, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the Applicant.

Provide the following documentation demonstrating the Authorized Individual has the authority to represent the Applicant, such as:

- Documents from the Arizona Corporation Commission (ACC) identifying the individual and their role with the company
- Written authorization identifying the individual and their authority to bind the company on company letterhead, signed by a party identified in documents from the Arizona Corporation Commission
 - The name on the company letterhead should be the same as the Applicant Name.
 - If the name on the company letterhead is not the same as the Applicant Name, provide additional documentation demonstrating the legal business relationship.
- The individual must be authorized by the Applicant, as documented in the operating agreement for an LLC, bylaws for the corporation, partnership agreement for a partnership or other governing documents for the Applicant.
- The authorized individual is required to have the authority to bind the Applicant for not only processing of the Preapproval Program documentation; but also, the conditions and requirements (including compliance requirements) that are included within the certification statement.

For reference, the information below is from information provided in Section 2 – Applicant Information:

Applicant – Full Legal Name: _____

Authorized Individual – Full Legal Name: _____

Authorized Individual’s Title/Role Relative to Applicant: _____

ATTACHMENT B
SUPPORTING DOCUMENTATION FOR ELIGIBILITY VERIFICATION
(IF NOT PREVIOUSLY SUBMITTED)

If the Applicant was eligible for the Preapproval Program through use of UST insurance with a deductible less than \$50,000 [A.R.S. § 49-1006.02(A)], **provide a copy of the insurance determination or correspondence of continued pursuit of the claim if not previously submitted.**

Examples:

- Email(s) between insured and insurance company in regards to the claim or
- Claim Denial Letter from the insurance company.

ATTACHMENT C DOCUMENTATION OF CORRECTIVE ACTIONS

Identify the phases of work below related to each subtask for costs included in this reimbursement request.

Subtask	Initial Abatement	Characterization	Remediation	Operation & Maintenance	LUST Closure
Soil Borings & Well Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Groundwater Monitoring & Sampling*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Evaluation & Soil Vapor Survey		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remediation System Testing, Design, & Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Remediation System Operation & Maintenance	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
ISCO Remediation			<input type="checkbox"/>	<input type="checkbox"/>	
Remedial Excavation	<input type="checkbox"/>		<input type="checkbox"/>		
Decommissioning & Abandonment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Preapproval Meeting**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* All work for Monitored Natural Attenuation (MNA) should be included under the "Groundwater Monitoring & Sampling" subtask

**Costs for the initial preapproval meeting can only be requested in the first reimbursement request for the facility.

For each of the subtasks identified above, complete the respective Work Claimed Summary sections in Attachment C1 and provide supporting documentation in Attachment C2 if not previously submitted to ADEQ. If additional space is needed, provide the information in an attachment.

ATTACHMENT C1 WORK CLAIMED SUMMARY

Subtask & Work Claimed	Soil Borings & Well Installation			
Work Period Dates	From		To	
Date Work was Performed	<i>If work was performed on multiple dates, provide dates below:</i>			
Boring IDs				
Well IDs				
Quantity of Samples Analyzed				
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .				
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Site Characterization Report) and document date.				
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeg.gov on [date]).				
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as boring logs, well construction diagrams, site plans, summary tables, laboratory analytical reports, daily field reports, permits, etc.				

Subtask & Work Claimed	Groundwater Monitoring & Sampling		
Work Period Dates	From		To
Date of Sampling Events	<i>If work was performed on multiple dates, provide dates below:</i>		
Date of Monitoring Events	<i>If work was performed on multiple dates, provide dates below:</i>		
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .			
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Site Characterization Report) and document date.			
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeg.gov on [date]).			
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as site plans, summary tables, laboratory analytical reports, purge logs, daily field reports, etc.			

Subtask & Work Claimed	Risk Evaluation & Soil Vapor Survey		
Work Period Dates	From		To
Date of Soil Vapor Probe Installation	<i>If work was performed on multiple dates, provide dates below:</i>		
Date of Soil Vapor Sampling Events	<i>If work was performed on multiple dates, provide dates below:</i>		
Risk Evaluation Submitted to ADEQ	<input type="checkbox"/> Yes, identify submittal below <input type="checkbox"/> No		
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .			
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Corrective Action Completion Report) and document date.			
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeg.gov on [date]).			
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as soil vapor probe construction diagrams, site plans, summary tables, laboratory analytical reports, sampling/purge logs, daily field reports, etc.			

Subtask & Work Claimed	Remediation System Testing, Design, & Installation		
Work Period Dates	From		To
<input type="checkbox"/> Testing		<input type="checkbox"/> Design and Installation	
<input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Air Sparge/Soil Vapor Extraction <input type="checkbox"/> Biosparge <input type="checkbox"/> Multi-Phase/Dual-Phase Extraction <input type="checkbox"/> Pump and Treat <input type="checkbox"/> Free Product Removal <input type="checkbox"/> Other (specify _____)		<input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Air Sparge/Soil Vapor Extraction <input type="checkbox"/> Biosparge <input type="checkbox"/> Multi-Phase/Dual-Phase Extraction <input type="checkbox"/> Pump and Treat <input type="checkbox"/> Free Product Removal <input type="checkbox"/> Other (specify _____)	
Pilot Test Dates			Remedial System Start Date
Well IDs Tested			Total Number of Remedial Wells
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .			
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Periodic Site Status Report) and document date.			
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeq.gov on [date]).			
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as pilot test results, design drawings and specifications, site plans, summary tables, laboratory analytical reports, daily field reports, permits, etc.			

Subtask & Work Claimed	Remediation System Operation & Maintenance		
Work Period Dates	From		To
Remediation System Operated	<input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Air Sparge/Soil Vapor Extraction <input type="checkbox"/> Biosparge <input type="checkbox"/> Multi-Phase/Dual-Phase Extraction <input type="checkbox"/> Pump and Treat <input type="checkbox"/> Free Product Removal, provide: Volume Removed (include units): _____ Recovery Method: _____ <input type="checkbox"/> Other (specify _____)		
Remedial Well IDs Used			
Initial Start Date		Operational Run Time for Work Period	%
If operational run time is <80%, provide explanation			
Equipment Operation <i>(e.g. rebound testing, optimization)</i>	Start Date		Stop Date
	Start Date		Stop Date
	Start Date		Stop Date
	Start Date		Stop Date
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .			
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Periodic Site Status Report) and document date.			
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeq.gov on [date]).			
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as system parameter log sheets, instrumentation data logs, site plans, summary tables, laboratory analytical reports, daily field reports, permits, etc.			

Subtask & Work Claimed	ISCO Remediation		
Work Period Dates	From		To
<input type="checkbox"/> Testing			
Was bench scale test completed? <input type="checkbox"/> Yes, identify submittal below <input type="checkbox"/> No			
Was oxidant used the same as in the preapproved scope of work? <input type="checkbox"/> Yes <input type="checkbox"/> No, describe			
Pilot Test Date(s)			
Well IDs Tested			
Delivery Method Tested	<input type="checkbox"/> Pressurized Injection <input type="checkbox"/> Other (specify _____)		
<input type="checkbox"/> Design and Implementation			
Was oxidant used the same as in the preapproved scope of work? <input type="checkbox"/> Yes <input type="checkbox"/> No, describe			
ISCO Events	Start Date	End Date	Volume of Oxidant (include units)
Remedial Well IDs			
Delivery Method Used	<input type="checkbox"/> Pressurized Injection <input type="checkbox"/> Other (specify _____)		
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .			
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Periodic Site Status Report) and document date.			
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeq.gov on [date]).			
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as field log sheets, site plans, summary tables, daily field reports, permits, etc.			

Subtask & Work Claimed	Remedial Excavation			
Work Period Dates	From		To	
Excavation Dimensions (Length x Width x Depth)		_____ ft x _____ ft x _____ ft		
		_____ ft x _____ ft x _____ ft		
		_____ ft x _____ ft x _____ ft		
Excavation Events	Start Date		End Date	
	Start Date		End Date	
Quantity of Soil Disposed				tons
Quantity of Backfill Material				tons
Identify Source of Backfill				
Backfill Material was Clean Fill?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Was Backfill Material Compacted to Meet Industry Standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No, explain below			
Number of Excavation Samples				
Number of Waste Characterization Samples				
ORC Placed in the Excavation?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .				
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Periodic Site Status Report) and document date.				
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeq.gov on [date]).				
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as transportation and disposal tickets, waste manifests, site plans, summary tables, laboratory analytical reports, daily field reports, permits, compaction report, etc.				

Subtask & Work Claimed	Decommissioning & Abandonment		
Work Period Dates	From		To
Remediation System Decommissioned	<input type="checkbox"/> Soil Vapor Extraction <input type="checkbox"/> Air Sparge/Soil Vapor Extraction <input type="checkbox"/> Biosparge <input type="checkbox"/> Multi-Phase/Dual-Phase Extraction <input type="checkbox"/> Pump and Treat <input type="checkbox"/> Free Product Recovery System <input type="checkbox"/> Other (specify _____)		
Method Of System Piping Decommissioning	<input type="checkbox"/> Removal <input type="checkbox"/> Abandon in Place		
Abandoned Well IDs			
Reimbursement scope of work includes: <input type="checkbox"/> Base <input type="checkbox"/> Contingency, provide a summary of the conditions that triggered implementation of the contingency or identify where this is documented. If more space is needed, attach in Attachment C2 .			
If a regulatory report is on file with ADEQ for the work conducted, identify the title of the document (example: Corrective Action Completion Report) and document date.			
If information was previously provided to the ADEQ Project Manager (PM) for the work conducted or for implementing the contingency, identify the submittal (example: email submitted to [PM name] or ustpreapproval@azdeq.gov on [date]).			
If information was not previously provided to ADEQ for the work conducted, attach supporting documentation in Attachment C2 such as site plans, abandonment logs, daily field reports, permits, etc.			

Subtask & Work Claimed	Regulatory Reporting		
Work Period Dates	From		To
Report Type		Date(s) Submitted	
45 Day Free Product Report			
90 Day/Initial Site Characterization Report			
Site Characterization Report (SCR)			
Corrective Action Plan (CAP)			
Tier 2 Evaluation (if not included in SCR, CAP, or CACR)			
Tier 3 Evaluation (if not included in CAP)			
Periodic Site Status Report			
Corrective Action Completion Report (CACR)			

ATTACHMENT C2
SUPPORTING DOCUMENTATION FOR WORK CLAIMED SUMMARY

If information was not previously provided to ADEQ for the work conducted in this submittal, provide supporting documentation in this attachment that clearly identifies the associated subtasks.

ATTACHMENT D COST SHEET

Provide an updated Cost Sheet as a separate attachment to the submittal email and provide the complete file name below.

The Cost Sheet must include a completed Invoice Ledger for ALL invoices and receipts paid by the Applicant in the "Invoice Ledger" tab. If the Requested Amount is different than the Invoiced Amount, identify costs on the invoice that are not being requested for reimbursement.

Copies of all invoices and receipts paid by the Applicant must be included in **Attachment F** or within the "Invoice Ledger" tab.

File Name: _____

ATTACHMENT E IMPLEMENTATION SCHEDULE

Provide an updated Implementation Schedule as a separate attachment to the submittal email and provide the complete file name below. The updated schedule must have the "Actual" columns updated to reflect when the work was conducted.

File Name: _____

ATTACHMENT F

INVOICES AND RECEIPTS REQUESTED FOR REIMBURSEMENT

Provide ALL invoices and receipts paid by the Applicant where reimbursement is requested. If the Requested Amount is different than the Invoiced Amount, identify costs on the invoice that are not being requested for reimbursement.

Invoices and receipts must be provided in this attachment or within the “Invoice Ledger” tab on the Cost Sheet (**Attachment D**).

- Actual invoices must be submitted to ADEQ for all costs being requested for reimbursement, including costs from the consultant and any subcontractor invoices and receipts
- At a minimum, invoice detail should include labor, expenses, and equipment and should be able to be correlated with work conducted and the cost sheet
- If there are items/costs on an invoice that are not being requested for reimbursement, please strike through those items.
- Invoices must be for work that has actually been completed.
- Proposals, estimates, or bids are not acceptable as invoices.
- The invoice should include a unique invoice number and the UST facility address.

Reminder: The state has certain set rates like lodging and meal reimbursement. Reimbursement is limited to the state’s set rate schedule. These rates may be found in the State of Arizona Accounting Manual at: <https://gao.az.gov/state-arizona-accounting-manual-saamh>

ATTACHMENT G

PROOF OF PAYMENT

Only proof of payment documentation from the Applicant to the vendor(s) is required to support ALL costs requested for reimbursement. **Payments must be from the Applicant. Invoices paid by the Authorized Individual or other entities is not acceptable.**

Acceptable proof of payment includes copies of cancelled checks or bank statements. Proof of payment documents must identify who paid and must reference the invoice(s) covered by the payment (or a summary that links up the proof of payment documentation with the invoices must be provided).

Reminder: Costs that have not been paid by the eligible Applicant are not reimbursable, and costs paid by UST insurance or an alternate financial assurance mechanism are not eligible for reimbursement.

SUBMITTAL INSTRUCTIONS

Submit the form and all attachments electronically to ustpreapproval@azdeg.gov. **Only complete, correct, and legible submittals will be eligible.**

Use the following Subject line format:

[Date]_[UST Facility ID]_[Four-Digit Leaking UST Number]_Preapproval Reimbursement Request
"YYYY.MM.DD_0-0XXXXX_XXXX_Preview Reimbursement Request"

Save and submit documents with the following file naming convention:

[Date]_[UST Facility ID]_[Four-Digit Leaking UST Number]_[Submittal Description]

Examples:

"YYYY.MM.DD_0-0XXXXX_XXXX_Preview Reimbursement Request"

"YYYY.MM.DD_0-0XXXXX_XXXX_Preview Cost Sheet"

"YYYY.MM.DD_0-0XXXXX_XXXX_Preview Implementation Schedule"

If you are having issues submitting electronically, contact ADEQ at ustpreapproval@azdeg.gov or 602-771-2000.